

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	TI-32510.1
		First Inventor	D. Scott Dewald et al.
		Title	High Contrast Projection
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.	EV 334470409 US
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO:	
		Mail Stop Patent Application Commissioner for Patents Alexandria, VA 22313-1450	

22154 U.S. PRO
11/66268
09/15/03

1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
2. <input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/>	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
3. <input checked="" type="checkbox"/>	Specification (preferred arrangement set forth below)	a. <input type="checkbox"/>	Computer Readable Form (CRF)			
	- Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	b. <input type="checkbox"/>	Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper			
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113)	9. <input type="checkbox"/>	Statements verifying identity of above copies			
5. <input type="checkbox"/>	Oath or Declaration	10. <input type="checkbox"/>	Assignment Papers (cover sheet & copy documents(s))			
a. <input type="checkbox"/>	Newly Executed (original or copy)	11. <input type="checkbox"/>	37 CFR 3.73(b) Statement (when there is an assignee)			
b. <input checked="" type="checkbox"/>	Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input type="checkbox"/>	X Power of Attorney (copy)			
i. <input type="checkbox"/>	DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/>	English Translation Document (if applicable)			
6. <input type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76	14. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449			
		15. <input type="checkbox"/>	Copies of IDS Citations			
		16. <input type="checkbox"/>	Preliminary Amendment			
		17. <input type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
			18. <input type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)		
				19. <input type="checkbox"/>	Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
					20. <input type="checkbox"/>	Other: Formal Drawings (3 sheets)

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)of prior application No: **10/092,043**

Prior application information:

Examiner

Sever, A.

Group / Art Unit:

2851

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

023494

(Insert Customer No. or Attach bar code label here)



Correspondence address below

NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	(972) 917-4379	FAX (972) 917-4418

Name (Print/Type)	Charles A. Brill	Registration No. (Attorney/Agent)	37,786
Signature		Date	9/12/2003

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Express Mailing Label No.: EV 334470409 US

TOTAL AMOUNT OF PAYMENT

(\$ 750.00)

Complete If Known

Application Number	
Filing Date	
First Named Inventor	D. Scott Dewald et al.
Examiner Name	
Group Art Unit	
Attorney Docket No.	TI-32510.1

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	20-0668
Deposit Account Name	Texas Instruments Incorporated

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001	750	Utility filing fee	\$750
1002	330	Design filing fee	
1003	510	Plant filing fee	
1004	740	Reissue filing fee	
1005	160	Provisional filing fee	
SUBTOTAL (1)			(\$750)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims			Fee Paid
	Independent Claims	Fee from below	Fee Paid	
	4	-20** = 0	x 18 = 0	
	1	-3** = 0	x 84 = 0	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	18	Claims in excess of 20
1201	84	Independent claims in excess of 3
1203	280	Multiple dependent claim, if not paid
1204	84	**Reissue independent claims over original patent
1205	18	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0)

**or number previously paid, if greater; For Reissue, see above

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee of oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2,520	For filing a request for ex parte reexamination	
1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	Extension for reply within first month	
1252	400	Extension for reply within second month	
1253	920	Extension for reply within third month	
1254	1,440	Extension for reply within fourth month	
1255	1,960	Extension for reply within fifth month	
1401	320	Notice of Appeal	
1402	320	Filing a brief in support of an appeal	
1403	280	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	110	Petition to revive - unavoidable	
1453	1,280	Petition to revive - unintentional	
1501	1,280	Utility issue fee (or reissue)	
1502	460	Design issue fee	
1503	620	Plant issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Petitions related to Provt' Apps (Proc. Fee under 37 CFR 1.17(q))	
1806	180	Submission of information Disclosure Stmt	
8021	40	Recording each patent assignment per property (times no. of properties)	
1809	740	Filing a submission after final rejection (37 CFR §1.129(a))	
1810	740	For each additional invention to be examined (37 CFR §1.129(b))	
1801	740	Request for Continued Examination (RCE)	
1802	900	Request for expedited examination of a design application	
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

SUBMITTED BY	Charl's A. Brill	Registration No. (Attorney/Agent)	37,786	Telephone	(972) 917-4379
Name (Print/Type)					
Signature	Charl's Brill			Date	9/12/2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231